## Arizona Department of Administration RISK MANAGEMENT DIVISION

## **GENERAL LIABILITY LOSS REPORT**

AGENCY		DIVISION		SECTION		AFIS MAIL CODE		RMS NO.(FOR RMS USE ONLY)
This Report Invo	olves:	Bodily Injury		Property Damage	)			
Person To Contact:								
Telephone Number:								
FACTS	Date of Loss Tir		Time	ne AM Location PM				
	Description Of Incident							
CLAIMANT(S)	Name			Address			Phone No. HW	
	Description of	of Injury	L				L	
	Description of Property Loss							
	Name			Address			Phone No. H W	
	Description of Injury							
	Description of Property Loss							
	Name			Address		Phone No. H W		
	Description of Injury							
	Description of Property Loss							
WITNESSES	1) Name A		Add	ddress			Phone No.	
	2) Name Ad		Add	ddress		Phone No.		
POLICE REPORT	Agency Officer and ID No.					Report No.		
REMARKS								
Reported By Date Phone								
								Mail In Person

## GENERAL LIABILITY LOSS REPORT

To submit a claim for general liability losses, a Risk Management General Liability Loss Report form <u>must</u> be completed by the agency, or in an emergency the loss can be reported by telephone. Timely reporting affords Risk Management the opportunity to inspect the damages and adjust the loss. Rule R2-10-102 and R2-10-104 goes into specific detail on reporting a loss to Risk Management. The following information should be included on the form:

- 1. **Agency Name:** Name of agency the loss affects.
- 2. **Division Name:** Name of the agency's division.
- 3. **Section Name:** Name of the agency's section (if applicable).
- 4. **AFIS Mail Code:** The AFIS Mail Code is necessary so Risk Management will know exactly where to send the warrant.
- 5. **This Report Involves:** Indicate whether bodily injury or property damage.
- 6. **Contact Person:** This would be the person who is most familiar with the incident.
- 7. **Telephone Number(s):** The contact person's telephone number
- 8. **Facts:** List the date of the loss, time, location and description of incident.
- 9. **Claimant(s):** Name of the claimant, address, telephone number, description of injury and/or description of property involved.
- 10. **Witnesses:** Witnesses to the incident.
- 11. **Police Report:** Were any police reports filed? If available, list the Officer's name and I.D. number and report number.
- 12. **Remarks:** Any additional comments you may have concerning the loss.
- 13. **Report Taken By:** Who prepared the report and what mode of communication was used (e.g. mail, in person or telephone).
- 14. **Authorized Supervisor:** Supervisor's acknowledgement that loss occurred.